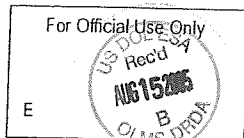


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1163</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Lee J Manges</u> P.O. Box, Bldg., Room No., if any Street <u>167 Wilson St.</u> City <u>Central City</u> State <u>PA</u> ZIP Code + 4 <u>15926</u>	4. Name, file number, and address of labor organization. Name <u>Greater PA Regional Council of Carpenters</u> Labor Organization File Number <u>035-030</u> P.O. Box, Building and Room Number, if any Street <u>495 Mansfield Ave., Suite 500</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15205-4376</u>
5. Position in labor organization. <u>Council Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Lee J. Manges

On

8-8-05

Date

814-754-5140

Telephone Number

12/31/04

Name of Person Filing

Lee J. Manges

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PNC AdvisorsTrade Name, if any: P.O. Box, Bldg., Room No., if any Two PNC PlazaStreet 620 Liberty Ave.City PittsburghState PA ZIP Code + 4 15222

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater PA Carpenters' Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 495 Mansfield Ave., Suite 100City PittsburghState PA ZIP Code + 4 15205

11.a. Nature of such dealing.

Investments11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf outing - 7/8/0412.b. Amount. \$418

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment

12/31/04

Name of Person Filing <u>Lee J. Manges</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Victory Capital Management

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 5th Floor

Street 50 Fountain Plaza

City Buffalo

State NY ZIP Code + 4 14202

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater PA Carpenters' Pension Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 495 Mansfield Ave., Suite 100

City Pittsburgh

State PA ZIP Code + 4 15205

11.a. Nature of such dealing.

Investments

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

18 holes of golf -
7/12/04

12.b. Amount. \$150

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

12/31/04

Name of Person Filing

Lee J. Manges

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Highmark Blue Cross Blue ShieldTrade Name, if any: P.O. Box, Bldg., Room No., if any Fifth Ave. PlaceStreet 120 Fifth Ave.City PittsburghState PA ZIP Code + 4 15222

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater PA Carpenters' Medical FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 495 Mansfield Ave., Suite 100City PittsburghState PA ZIP Code + 4 15205

11.a. Nature of such dealing.

Medical Provider11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf Outing - 8/31/0412.b. Amount. \$173

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment

12/31/04

Name of Person Filing

Lee J. Manges

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gilardi, Cooper, + LomupoTrade Name, if any: P.O. Box, Bldg., Room No., if any Benedum Trees Bldg.Street 223 Fourth Ave., 10th FloorCity PittsburghState PA ZIP Code + 4 15222

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Attorneys11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Pittsburgh Steeler game -
2 tickets, 10/31/0412.b. Amount. \$120

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

12/31/04

Name of Person Filing

Lee J. Manges

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gilardi, Cooper, + LomupoTrade Name, if any: P.O. Box, Bldg., Room No., if any Benedum Trees Bldg.Street 223 Fourth Ave., 10th FloorCity PittsburghState PA ZIP Code + 4 15222

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Attorneys11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas basket -
12/24/0412.b. Amount. \$ 50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.